

NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
Central Repository for Criminal Records
10 Hazen Drive, Concord, NH 03305

CRIMINAL RECORDS RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME _____
LAST (MAIDEN) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

DRIVER LICENSE NUMBER _____ STATE _____

By signing below you are certifying that you are the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signature under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal conviction(s), if any, to the individual:

TAMMY L. SACKETT/GLENCLIFF HOME FOR THE ELDERLY
PO BOX 77, GLENCLIFF, NH 03238

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____

(Affix Seal)

(Comm. Exp.)

_____/GHE DATE _____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD